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	Application Number	10/600824
	Filing Date	6/20/2003
	First Named Inventor	Joao Jose Cardinali leda
	Art Unit	3744
	Examiner Name	William E. Tapolcai
	Attorney Docket Number	WAH0104PUS

I hereby revoke all previous powers of attorney given in the above-identified application.										
A Power of Attorney is submitted herewith.										
<i>OR</i> ✓ I hereby a	appoint	the practitioners associated with the Customer Number:			ber:	62124				
✓ The a	•	e correspondence a associated with mber:	address for the a	bove-i 6212		pplication	ı to:			
Firm <i>or</i> Individual	Name									
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
SIGNATURE of Applicant or Assignee of Record										
Signature										
Name _{Joa}	Joao Jose Cardinali leda									
Date				Те	elephone					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
*Total of 1forms are submitted.										

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